

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

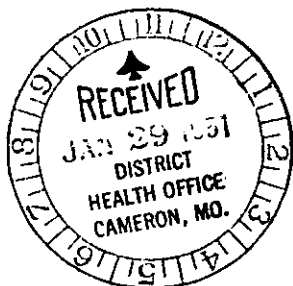
682

State File No.

BIRTH NO.		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>4159</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonsburg, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonsburg, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>--</u>				d. STREET ADDRESS (If rural, give location) <u>--</u>			
3. NAME OF DECEASED (Type or Print) <u>SARAH ELIZABETH DIX</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>January 15, 1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov 12, 1866</u>	
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Henry L. Bolin</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>William J. Dix</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Robert Y. Dix, Stanberry, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris (Cardiac)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Chronic Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4202</u>				INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>yes</u> <u>yes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>November 1950</u> to <u>Jan 15, 1951</u> , that I last saw the deceased alive on <u>Jan 3, 1951</u> , and that death occurred at <u>9:45 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. E. Wetzel, D.O.</u>				23b. ADDRESS <u>Pattonsburg, Mo.</u>		23c. DATE SIGNED <u>1-17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/18/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pattonsburg, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>29 Jan. 1951</u>		REGISTRAR'S SIGNATURE <u>Veigman, M. Englehardt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kamil, Guent.</u> ADDRESS <u>Pattonsburg, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



JAN 29 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Lawrence J. Quest

Licensed Embalmer No. *H-096*

P. O. Address. *Pattonburg, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.